

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N10347** (5)  
1. Corporation Name  
**ZONTA CLUB OF FORT WALTON BEACH AREA, INC.**



Principal Place of Business Mailing Address  
**% PATRICIA S. GRINSTED**  
**EGLIN PARKWAY AT OLD FERRY RD**  
**SHALIMAR FL** **P.O. DRAWER 915**  
**SHALIMAR FL**  
**US**

3. Date Incorporated or Qualified **07/22/1985** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2553634</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GRINSTED, PATRICIA S**  
**EGLIN PARKWAY AT OLD FERRY RD.**  
**SHALIMAR FL 32579**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b>	11 TITLE	<b>P</b>
NAME	<b>GRINSTED, PATRICIA</b>	12 NAME	<b>Hamorski, Lori</b>
STREET ADDRESS	<b>156 COUNTRY CLUB ROAD</b>	13 STREET ADDRESS	<b>907 Judson Street</b>
CITY-ST-ZIP	<b>SHALIMAR FL</b>	14 CITY-ST-ZIP	<b>Ft. Walton Beach, FL 32547</b>
TITLE	<b>D</b>	21 TITLE	<b>D</b>
NAME	<b>BURNES, MARIE</b>	22 NAME	<b>Body, Yvonne</b>
STREET ADDRESS	<b>304 YACHT CLUB DRIVE NE</b>	23 STREET ADDRESS	<b>723 Greenwood Street #2</b>
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	24 CITY-ST-ZIP	<b>Ft. Walton Beach, FL 32547</b>
TITLE	<b>PD</b>	31 TITLE	
NAME	<b>MASSARELLI, MARTHA</b>	32 NAME	
STREET ADDRESS	<b>771 SAILFISH</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	34 CITY-ST-ZIP	
TITLE	<b>V</b>	41 TITLE	<b>V</b>
NAME	<b>HAIGHT, KATHY</b>	42 NAME	<b>Haight, Kathy</b>
STREET ADDRESS	<b>2512 EDGEWATER DR</b>	43 STREET ADDRESS	<b>605 Greenwood Cove East</b>
CITY-ST-ZIP	<b>NICEVILLE FL</b>	44 CITY-ST-ZIP	<b>Niceville, FL</b>
TITLE	<b>DT</b>	51 TITLE	
NAME	<b>BUFFHAM, BARBARA</b>	52 NAME	
STREET ADDRESS	<b>379 OKALOOSA RD.</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	54 CITY-ST-ZIP	
TITLE	<b>D</b>	61 TITLE	
NAME	<b>LOVEJOY, RUTH</b>	62 NAME	
STREET ADDRESS	<b>207 LOVEJOY ROAD</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lori Hamorski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 904-651-2014  
Date Daytime Phone #

CR2E037 (12/95)